



Do Not Write or Staple In This  
Space.  
Reserved For Fiscal.

## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01059317

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

**Payee Name / Address:**

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$762,500.00  
Discount Amt Taken: \$0.00  
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000088840	0		TPCN 12.5	TPCN 12.5 (Fulfill the terms of contract)	\$762,500.00
ShipTo ID Non-HHSAS Cntrct ID						
2010						
Contract # Wkfc Org PmtDt IC RC						
529-10-0013-00001 N						
Invoice DT: 12/22/15 Reqt'd Pay DT: 11/31/16						
Inv Recv'd DT: 12/22/15 Pay Due DT: 03/01/16						
Service DT: 01/31/16 P O DT: 11/12/15						
Account	Entry Event	Fund	Dept	Program	Class	Budget Ref
1.1	725300	0001	716	5016	03138	2016
Open Item Key:						
Pri/Grant Amount						
TANF100F \$762,500.00						
Conf:N Certified Amt: 0.00						

**Descriptive Legal Text (DLT Comments):**

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

DEC 28 2015

12/23/2015

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Kulkarni, Anjali Narayan

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

01059317

# Contract Vendor Invoice Payment Request



HHSC Office of Social Services  
Community Access & Services

## Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

Invoice Date:	12/22/15
Invoice Number:	TPCN 12.5
Dept. ID/Speedchart:	716
Object Code:	725300
Contract Number:	529-10-0013-00001E
Contract Name:	Texas Pregnancy Care Network
TIN:	1760802397
Mail Code:	
Purchase Order Number:	52900-6-0000088840
Month of Service:	January 2016
Amount:	\$ 762,500.00
Month of Service:	
Amount:	
Month of Service:	
Amount:	

Invoice Received Date:	12/22/15
Payment Due On or Before:	*February 01, 2016

Total Amount:	\$762,500.00
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CONTACT	DATE
Preparer's Name: Andrea Costley	12/22/2015
Preparer's Phone: 512-206-5624	5

FINANCIAL MANAGER	DATE
Beth Zahn	12/22/2015

SIGN-OFF	DATE
Agency Contact/Preparer's Signature:	12/22/15

DEC 23 2015

HANH N60  
512-487-3389



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

**To:** Business Bank of Texas, N.A.  
1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No.** 114925615

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-12.5

**Invoice Date:** December 21, 2015

**Due Date:** January 31, 2015

**For Professional Services Rendered:****RE:**

**Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.5:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** January 31, 2015

**\$762,500.00**

**Amount Due**

**\$762,500.00**

**Section 1.06 Modification to Section 4.02 General Payment Terms.**

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016 for the work performed in accordance with Exhibit A to this Amendment.

**(a) Payment Methodology**

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016.

**(b) Payment Schedule**

Payment No.	Description	Due Date	Amount
12.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2015	\$762,500.00
12.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2015	\$762,500.00
12.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2015	\$762,500.00
12.4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2015	\$762,500.00
12.5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2016	\$762,500.00
12.6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 29, 2016	\$762,500.00

**ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES**

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, and Four shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Five, the Parties expressly understand and agree that Amendment Five is hereby made a part of the Original Agreement as though it were set out word for word therein.

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & All	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> 52900-6-0000088840
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 11/12/2015
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Revision</b> 1 - 12/04/2015
			<b>Page</b> 1
			<b>Ship To:</b> CAS, Family Violence & Refugee HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States

**Vendor:** 1760802397  
TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS TX 78730-5115

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4900 N Lamar Blvd  
Austin TX 78751  
United States  
Phone: 512-424-6518  
Fax: 512-424-6901  
Email: HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Kessler, Autumn (PCS) 512.406.2563

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00	LOT	3,050,000.00000	3,050,000.00	11/12/2015

**Schedule Total** 3,050,000.00

Contract ID: 529-10-0013-00001

Contract Line: 0 Release: 8

**Item Total for Line 1** 3,050,000.00

**Total PO Amount** 3,050,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

